

# December 1, 2003 Montana Medicaid Notice

# **Pharmacy, Dental and Denturist Providers**

## **Billing Other Health Insurance Before Medicaid**

Effective January 1, 2004 Pharmacy and Dental Providers must bill an applicable client's other health insurance prior to billing Medicaid. Other health insurance is called third party liability or TPL.

The Department of Public Health and Human Services can no longer allow pharmacy and dental providers to submit claims to Medicaid before submitting the claim to an applicable client's other health insurance (TPL) effective January 1, 2004. The Cost Avoidance waiver, which allowed the Department to "pay and chase" claims for clients with TPL, expires on 12/31/03.

#### **Dental**

When billing Medicaid for a client with TPL, a provider must submit the claim on paper and attach the following:

- *Paid by TPL*. If you are using a claim form with a box titled "payment by other plan", enter the TPL paid amount. If the claim form does not contain that box, attach the TPL Explanation of Benefits (EOB).
- **Denied by TPL or Client Deductible.** If the TPL denies the claim or any amount that is applied to the clients deductible, submit a paper claim with an attached EOB indicating denial, reason code and any amount that is applied to the client's deductible.

### **Pharmacy**

When paper billing Medicaid for a client with TPL, a provider must submit the MA-5 form in the following manner:

- *Paid by TPL*. In the box titled "INS PAYMENT" enter the TPL paid amount. In the AMOUNT CHARGED box list the full amount charged for the service. You do not need to include the client's Explanation of Benefits (EOB).
- **Denied by TPL or Client Deductible.** In the box titled "INS PAYMENT" enter the TPL paid amount (if any). In the AMOUNT CHARGED box list the full amount charged for the service. Attach the client's EOB indicating denial, reason code and any amount that is applied to the client's deductible.

Instructions for Point of Sale billing are currently under development and testing.

#### **Contact Information**

For claims questions or additional information, contact Provider Relations:

Provider Relations in Helena and out-of-state: (406) 442-1837 In-state toll-free: 1-800-624-3958

For more information, visit the Provider Information website: http://www.mtmedicaid.org

ACS P.O. Box 8000 Helena, MT 59604